

Overview: Title V / Maternal and Child Health (MCH) Block Grant

Visit Nebraska's Title V/MCH website: www.dhhs.ne.gov/TitleV_MCH.



An important resource . . . Title V/Maternal and Child Health Block Grant . . . is at work in Nebraska to support the health of women and children. This *Overview* briefly describes the legislative requirements and the activities supported by the grant.

We invite you to read this *Overview*, and then review the *State Narrative for Nebraska* that has the FY 2014 planned activities which are currently being implemented. We would like your input so we can get a sense of whether we are on the right track. (Our contact information is on page 6.)



Maternal and Child Health (MCH) includes **children with special health care needs (CSHCN)** in addition to where CSHCN are specifically referenced.

Legislative Requirements

Since 1935, the federal government has pledged its support of **Title V of the Social Security Act**, making it the oldest, continuously funded public health legislation in U.S. History.

Our Nation's 50 States and 9 jurisdictions (referred to here as 'States') have much of the responsibility to carry out the requirements of Title V.

Title V operates as a federal-state partnership. This is demonstrated, in part, by the 3:4 match requirement where States invest \$3 for every \$4 of federal funds.

States receive funding based on a formula through the federal Maternal and Child Health Bureau (MCHB).

A state's acceptance of federal Title V funds puts responsibility on the State to:

- Assure the health of all mothers and children in the state;
- Provide and promote family-centered, community-based, coordinated care (including care coordination services for children with special health care needs) and to facilitate the development of community-based systems of services for such children and their families;
- Identify specific health needs of the population through a five-year statewide needs assessment and determine health priorities;
- Submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures;
- Make the application public within the state to facilitate comment from any person during its development and after the application is submitted;
- Provide a toll-free "hotline" telephone number (Nebraska's Healthy Mothers Healthy Babies Helpline is 800-862-1889);
- Comply with all rules and regulations governing federal financial assistance.

Legislative Requirements (continued)

Title V was amended by the Omnibus Budget Reconciliation Act of 1981 (OBRA '81).

In 1981, seven previously separate grants were consolidated into a “block” of funding. This allowed the funds to more broadly address a variety of health needs of mothers and children. The Title V/MCH Block Grant was the first Block Grant.

- The MCH Block Grant became a major funding source to support a variety of programs, services, and capacity-building activities. It is not a single program.
- MCH Block Grant was designed to address the health of pregnant women, infants, children (including adolescents), children with special health care needs, women of childbearing age, and their families using a family-centered care approach.
- OBRA '81 authorized set-aside funds (15% of the federal appropriation of the Block Grant) for Special Projects of Regional and National Significance (SPRANS).

Title V was again amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA '89).

- This amendment introduced stricter requirements for accountability of the use of funds and for state planning and reporting.
- It added a requirement that States conduct activities to *“improve the health of all mothers and children”*, emphasizing that there are no eligibility requirements to qualify for services paid with Title V funds.

- OBRA '89 gave States flexibility to develop solutions to meet state and local needs.

- It defined a second set-aside for discretionary funding – Community Integrated Service Systems (CISS).

In 1998, the Abstinence Education Grant Program was added as Section 510 to Title V.

This program is administered separately from the Block Grant.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was added as Section 511 of Title V, as amended by the Patient Protection and Affordable Care Act of 2010.

This program is administered separately from the Block Grant.

For more information regarding the authorizing legislation (codified at 42 USC 701-709) visit http://www.ssa.gov/OP_Home/ssact/title05/0500.htm.



Needs Assessment

One requirement of Title V is to conduct a statewide needs assessment every five (5) years. The assessment shall identify the need for:

- preventive and primary care services for pregnant women, mothers, and infants;

- preventive and primary care services for children; and
- services for Children with Special Health Care Needs (CSHCN)

Nebraska's Title V Five-Year Needs Assessment – 2010

The most recent statewide Needs Assessment was conducted during the period of spring of 2009 through July 2010. DHHS called upon a large group of persons across Nebraska representing MCH and CSHCN to provide their perspectives. This Needs Assessment addresses the Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) populations in Nebraska and establishes priorities for the years 2010-2015.

Nebraska's MCH/CSHCN priorities for 2010-2015

- Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
- Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
- Reduce the impact of poverty on infants/children including food insecurity.
- Reduce the health disparities gap in infant health status and outcomes.
- Increase access to oral health care for children and CSHCN.
- Reduce the rates of abuse and neglect of infants and CSHCN.
- Reduce alcohol use and binge drinking among youth.
- Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
- Increase the prevalence of infants who breastfeed exclusively through six months of age.
- Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

The full report is available at <http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx>.

The assessment guides the priority setting to invest resources such as time, expertise, and money. However, not all priorities identified in the Needs Assessment can be addressed by MCH Block Grant funds. Priority needs are perhaps already being addressed by other resources. In that case, Block Grant funds are invested in priorities that may not have enough resources to address the needs sufficiently. Funds may also be used with strategies that will impact more than one priority. It should also be noted, that while the MCH Needs Assessment is a requirement of Title V, it informs and guides planning and program development beyond that supported by the MCH Block Grant.



Financial Overview

States are allocated funds based on a formula through the U.S. Department of Health and Human Services, Maternal and Child Health Bureau (MCHB). The annual award is available for obligation and expenditure over a two-year period. States have financial requirements.

States share in the cost.

✓ By statute, States have a cost-sharing requirement of 3:4. \$3 of State support are required for every \$4 of federal support. In Nebraska, this totals about \$7 Million.

\$3 Million State

\$4 Million Federal

\$7 Million State-Federal Partnership

Categorize finances by types of individuals served.

✓ States must budget and report expenditures of the federal-state partnership by subpopulation:

- pregnant women;
- infants < 1 year;
- children 1-22 years old (a child from 1st birthday through the 21st year);
- children with special health care needs (CSHCN);
- all others (women of childbearing age).

Expenditure requirements.

✓ States have statutory expenditure requirements on the federal portion that must be met for each annual allotment.

- Use at least 30% for preventive and primary care services for children.
- Use at least 30% for services for CSHCN.
- Limit administrative costs to no more than 10%.

MCH Pyramid: four types of core services.

The Block Grant further requires the federal-state investments be categorized by four types of core services: direct health care; enabling services; population-based services; and, infrastructure

building. The federal guidance graphically represents these in a pyramid shape (Figure 1): level 1 being the top of the pyramid and the level 4 the base of the pyramid, with the 2nd and 3rd types of services comprising the middle levels. Each level is important, although it is expected that moving down the pyramid commits increasingly greater resources.

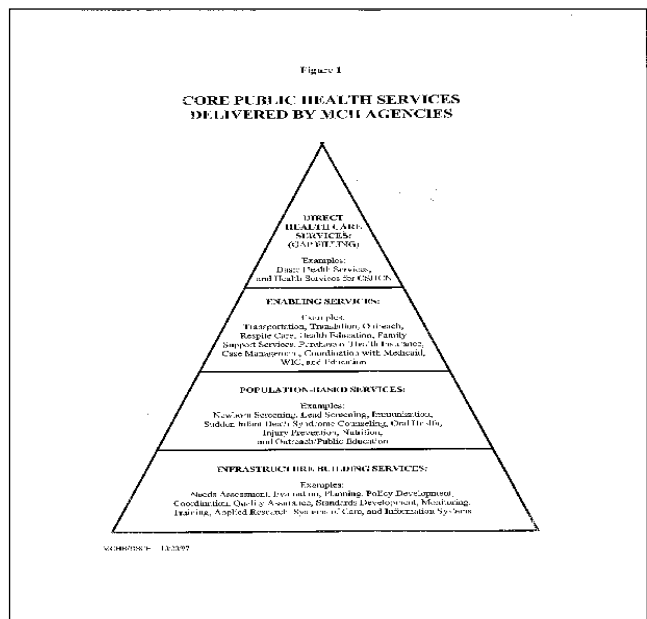


Figure 1: MCH Pyramid

- Direct services are basic health services intended to be gap filling, i.e. if the service(s) are unavailable by other means, the Block Grant funds may be used.
- Enabling services provide access to other critical services. Examples include transportation, translation, outreach, respite care, health education, family support services, case management, and coordination with Medicaid and WIC.
- Population-based services address the needs of large populations. For example, a blood test to screen all newborns to identify if they were born with a metabolic disease(s), immunizing infants and children to prevent communicable diseases (acquired from others), and prevention of injuries such as falls, motor vehicle crashes, drowning, etc.

- At the base of the pyramid are the activities to develop and/or maintain critical infrastructure to adequately support the prior three types of services. Examples of infrastructure include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training,

applied research, systems of care, and information systems.

To learn more about the federal Title V / MCH Block Grant program and other MCH topics, visit <http://mchb.hrsa.gov/>.

Title V/MCH Block Grant at Work in Nebraska

The priorities from the statewide Needs Assessment (summarized on page 3) are addressed using various strategies to improve the needs or the systems to address need. To the extent feasible, the actions taken have data evidence that it will make a difference. The largest categories of current obligations of Nebraska's federal portion are shown in Figure 2.

Community-based activities.

A portion of the Block Grant provides assistance to community-based organizations to support those strategies. Presently 21% of the federal dollars are working in local communities across Nebraska to address local needs that contribute to addressing statewide priorities. This is done primarily through subgrants to private and non-profit entities. For example, the current subgrants are awarded to local health departments, Tribal governments, and a community action agency. Subgranted organizations provide matching resources, which paired with State funds, help meet the federal match requirement.

For more information about the current subgrants, visit

<http://dhhs.ne.gov/publichealth/MCHBlockGrant/Documents/Subgrant%20brief%20overview.pdf>.

Subgrant opportunities are announced every 2-3 years using a competitive Request for Applications (RFA) process. An RFA for the project period FY 2015 – FY 2016 (October 1, 2014 – September 30, 2016) is available for application until July 1, 2014. The RFA document details the purposes, goals, and defined outcomes that the subgranted Block

Grant funds will support for a multi-year project period.

Community-level work may also include service contracts performed for the State.

State-level programs and infrastructure.

Within Nebraska DHHS, a number of State-level programs and activities, that include a MCH-specific focus, receive support from Title V/MCH Block Grant funds. In addition to the Block Grant, State general funds and cash revenue share in the cost to implement state-level MCH functions.

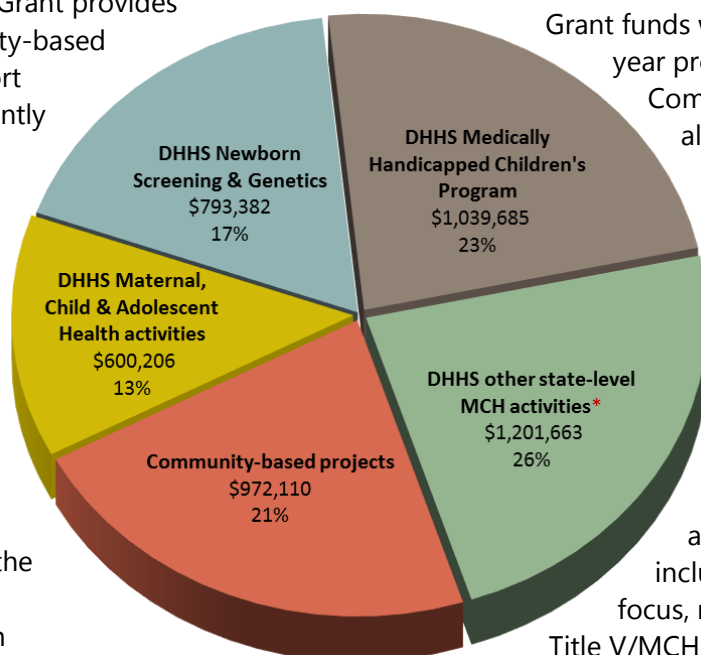


Figure 2: Current obligations (October 1, 2013–September 30, 2014) of the federal portion

* The category 'other state-level' includes partial MCH funding for these DHHS programs/units:

- Birth Defects Registry
- Health Disparities & Health Equity
- Immunization Program
- Child Death Review
- Oral Health & Dentistry
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Reproductive Health Program
- Women's Health

Public Input on the 2015 State Plan

Please Comment

You can provide your ideas, comments, or concerns to Rayma Delaney (contact information below). Comments received by July 1, 2014 will be reviewed for inclusion in the 2015 annual state plan.

Email: rayma.delaney@nebraska.gov

Mail: Rayma Delaney, Federal Aid Administrator
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Toll-free (800) 801-1122

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Thank you for your interest, your time, and your input.

A Note to Family Members

If you need help sending your written comments, you may want to ask employees at your health facility if they can assist you. If you need more information, or just want to learn more about the Title V/Maternal and Child Health Block Grant, we hope you will contact us.

A Note to Providers, Organizations, and Agencies

We appreciate your help in extending our invitation for public input, and gathering comments from people and families in your community. Here is how you can help:

- Ask your organization's consumer advisory board to submit comments directly to us.
- Actively involve your clients and patients in developing your organization's comments.
- Share this information with your clients and patients, and others in your community.
- Help people and families prepare and submit their written comments.
- Offer internet access, phone or fax to persons wanting to contact us.